

Johnson, Lisa K.

From: Waltman, Michael
Sent: Monday, November 16, 2009 9:43 AM
To: DED.DWDStaff; DED.DWD On Site Manager/Functional Manager; Carter, Pati; Dowdy, Karen; Dowling, Bill; Fuqua, Mark; Gorden, Gene; Holder, Tana; Holmes, Michael; Holt, Don; Hostetler, Lisa; Jones, Jasen; McQueen, Clyde; O'Dell, June; Robinson, Marilyn; Steele, Becky; Ugweje, Joyce; Vaughn, Jan; Wilson, Shirley
Cc: Susan, Amy; Backer, Gracia; Young, Chastity
Subject: New Emergency Unemployment Compensation (EUC) information
Attachments: Tier III Letter to Legislators.doc; Tier III Letter (2).doc

Workforce system,

As you may be aware, legislation was recently passed allowing additional Emergency Unemployment Compensation (EUC) benefits to be paid to certain claimants for weeks beginning on or after November 8, 2009.

The Department of Labor and Industrial Relations, Division of Employment Security (which administers the State's unemployment insurance program), developed the attached documents to provide guidance on the new legislation. Please feel free to direct claimants to the information, should you receive any questions at your respective Career Centers.

Best regards,

MICHAEL WALTMAN

Manager, Policy and Communications
Missouri Division of Workforce Development
ph: (573) 526-8267
cell: (573) 291-9196
mike.waltman@ded.mo.gov

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JEREMIAH W. (JAY) NIXON
GOVERNOR

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

421 EAST DUNKLIN STREET, P.O. BOX 59

JEFFERSON CITY, MO 65104-0059

PHONE: 573-751-3215

www.labor.mo.gov/es

E-mail: esuiclaims@labor.mo.gov

esemptax@labor.mo.gov

LAWRENCE G. REBMAN
DEPARTMENT DIRECTOR

GRACIA Y. BACKER
DIVISION DIRECTOR

November 12, 2009

To Members of the Missouri General Assembly:

As you are aware, the US Congress passed legislation last week that provides a third and fourth tier of Emergency Unemployment Compensation (EUC) to be paid to certain claimants for weeks beginning on or after November 8, 2009. The president signed it into law Friday, November 6, 2009.

Your office may receive many inquiries about this extension of benefits, so the Division of Employment Security (DES) wants to provide you with all the information the agency has at this time.

Please inform those constituents who contact you that they cannot apply for the additional EUC by calling a Regional Claims Center (RCC).

DES has posted information on the Labor web site and will continue to update it as soon as further guidance is received from the federal government. DES has also instructed our staff to inform claimants with the following statement: *"We do not have specific information from the federal government regarding this extension at this time. Please know the State of Missouri will implement it as soon as possible after appropriate information has been provided to us by the federal government."*

DES is attaching for your review a copy of the letter that will be sent to those who may be eligible for the additional EUC. Please note not all claimants who are currently receiving or have received benefits will qualify for these additional benefit extensions. Also please note this is a very complicated process, and therefore, it requires our Division to be fully operational before administering this additional EUC.

DES is presently paying regular unemployment insurance (UI) claims, EUC Tier 1, EUC Tier II, and Extended Benefits (EB) simultaneously. The payments of this newest EUC must follow a very orderly and lawful procedure.

Once guidelines are received from the federal government and DES is able to implement them, the agency will be sending the applications to potentially eligible claimants.

The initial application for the additional EUC can only be done through the completion of a DES application sent to potentially eligible claimants or through the DES web site.

If you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Gracia Yancey Backer, Director
Division of Employment Security
573-751-2070

INFORMATION REGARDING THE WORKER ASSISTANCE ACT 2009

ADDITIONAL EMERGENCY UNEMPLOYMENT COMPENSATION (EUC)

IMPORTANT INFORMATION TO CLAIMANTS

Federal legislation has been passed that allows for additional Emergency Unemployment Compensation (EUC) benefits to be paid to certain claimants for weeks beginning on or after **November 8, 2009**. The Division of Employment Security's (DES) records indicate you *may* be eligible for the additional EUC. This notice is to inform you what must be done in order for the DES to determine your eligibility. This notice does **NOT** mean you will get the additional EUC. These benefits are potentially available for those workers who are not yet back to work full-time.

To file for these additional EUC, complete the **FRONT AND BACK** of the enclosed application and mail or fax **BOTH SIDES** to: Division of Employment Security, Claims Programs Unit, P. O. Box 3915, Jefferson City, MO 65102-3915, FAX: 573-751-9730. **DO NOT FAX THE APPLICATION TO ANY OTHER NUMBER.** You also can submit a request for the additional EUC through the DES Web site. The initial filing of the additional EUC can only be done through the completion of the enclosed application or through the DES Web site. Visit www.mocclaim.mo.gov, click on "File Unemployment Claim". If you submit this request on-line, you will receive a confirmation page to print and keep for your records. Submit the application only once using the mail, fax or Internet. **DO NOT CALL A REGIONAL CLAIMS CENTER (RCC) TO APPLY FOR THE ADDITIONAL EUC.**

If the benefit year has ended on your regular unemployment insurance (UI) claim, the application will be processed to determine your eligibility to file a new regular UI claim. If you are not eligible for regular UI benefits on a new Missouri claim or on an interstate basis and have exhausted benefits under both of the Emergency Unemployment Compensation (EUC08) claims and the Missouri Extended Benefits (EB) claim, the application then will be processed to determine your eligibility for the additional EUC. You will be contacted if additional information is needed.

If you currently are filing weekly certifications (claims), continue to file each week. Use the automated telephone system (Option 2, then 1) or Web site at www.mocclaim.mo.gov, View Unemployment Claims status, to see if benefits have been paid. Once your application is processed, you will receive a notice of eligibility in the mail. Allow **at least** two (2) weeks after submitting the application for it to be processed. **Applications cannot be processed until guidelines are received from the federal government, so there may be a delay**

from the time you submit the application and when you receive the notice of eligibility.

If you have not been filing weekly certifications (claims), you should begin doing so when you receive the notice of the additional EUC eligibility in the mail. The effective date of your claim for additional EUC may cover several past weeks, so when filing your first weekly certification (claim), be certain to claim all prior weeks presented if you want to receive benefits for those weeks.

Under the additional EUC payments, regular work search requirements apply. You will not be required to mail in your work search log every five weeks. Union workers that get work through hiring halls will only be required to make one weekly contact with their hiring halls.

If you currently are receiving weekly benefit payments under the Trade Readjustment Assistance (TRA) program, you must establish and claim all benefits available under this additional EUC extension before you can again begin receiving weekly benefits under the TRA program. Subsistence payments will continue to be processed using the TRA-22 form.

From: Vaughan, Anthony

In an effort to avoid delays in payment to claimants currently receiving TRA weekly benefits, we are providing you with an application your Career Center staff can distribute to those claimants.

If a claimant visits a Career Center to turn in their TRA 22 weekly certification for the week ending 11-14-09, a copy of the application should be given to the claimant to complete. The application should be submitted to DES Benefits section with their TRA 22.

If claimants do not visit the office in person, but Career Center Staff have contact with the claimant, they can fax or email a copy of the application and the claimant can return it to the address or fax number listed on the 2nd page.

THIS APPLICATION WILL ONLY BE PROCESSED FOR CLAIMANTS WHO WERE RECEIVING TRA WEEKLY BENEFITS. All other claimant's will receive a bar coded copy of the application in the mail once claims can be processed. A TRA client who completes this application will NOT need to complete and return the application they receive in the mail.

If the TRA claimant is in approved training, they will be mailed copies of MODES 4446, weekly claim forms once their application is processed. The claimant will need to submit these forms for payment instead of the TRA 22 (TRA 22 will still be needed if the claimant is receiving transportation or subsistence payments). We will accept TRA 22 forms for the week ending 11-21-09, if the claimant has not yet received their weekly Unemployment claims form.

Please let us know if you have any concerns or questions.



Application for
Additional EUC...

Tony Vaughan
Claims Program Manager/
TRA Coordinator
573-751-3935



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

APPLICATION FOR ADDITIONAL
EMERGENCY UNEMPLOYMENT COMPENSATION (EUC)

THIS FORM WILL ONLY
BE PROCESSED FOR
CLAIMANTS WHO WERE
RECEIVING WEEKLY
TRA BENEFITS AS OF
WEEK ENDING 11-7-09.

Claimant's Name: _____
Last First

Claimant's Social Security Number (SSN): _____

Provide all information requested. Failure to provide complete information will result in a delay in processing your claim.

Are you currently enrolled in, or attending, Trade Approved Training? ☐ Yes ☐ No

Mailing Address _____

City _____ State _____ ZIP _____ County of Residence _____

Are you a citizen or national of the United States? ☐ Yes ☐ No

Birth Date (Month/Day/Year) _____ Phone Number (_____) _____
(Including Area Code)

During the past 18 months have you:

Worked for the federal government? ☐ Yes ☐ No

Performed any active military service? ☐ Yes ☐ No

Worked in any other state? ☐ Yes ☐ No If yes, list state(s) _____

Filed a claim for UI benefits against another state? ☐ Yes ☐ No If yes, name of state _____

Provide information on your most recent employment, even if it was temporary or part-time work:

Name of most recent employer: _____

Mailing address of most recent employer: _____

City _____ State _____ ZIP _____ Date of last day worked _____

Indicate the reason for separation from this employer?

☐ Lack of Work

☐ Quit

☐ Discharge

☐ Suspended from a job

☐ Labor Dispute – Strike/Lockout

☐ Leave of Absence

Do you have a definite date to return to work for your last employer within 8 weeks of your last date worked?

☐ Yes ☐ No If yes, provide the return date _____

OVER

CLAIMANT'S NAME: _____ CLAIMANT'S SSN: _____

Did you perform any work during the current week between Sunday and Saturday? ☐ Yes ☐ No

- If yes, enter your total gross earnings (before any deductions) for the work performed \$ _____

Earnings must be reported during the week in which they were earned, regardless of when the employer pays you.

Are you receiving holiday pay for this week or any future weeks? ☐ Yes ☐ No

Holiday pay must be reported during the week the holiday occurs.

- If yes, enter date of the holiday _____ Enter the gross amount of holiday pay \$ _____

Are you receiving vacation and/or Worker Adjustment and Retraining Notification (WARN) pay for this week or any future weeks? ☐ Yes ☐ No

- If yes, provide the beginning date (the next working day following the last day worked) and the ending date of vacation pay, not counting non-work days. For example, do not count Saturdays and Sundays if you do not normally work those days.

Beginning Date _____ Ending Date _____

- If yes, enter the amount of your gross weekly pay, before any deductions \$ _____

Are you receiving any type of pension or retirement pay, other than Social Security? ☐ Yes ☐ No

- If yes, has the amount changed since your last week claimed? ☐ Yes ☐ No

Would you like to have information mailed to you concerning starting or stopping the withholding of federal income tax from your weekly UI benefits? ☐ Yes ☐ No

Are you a member of a union? ☐ Yes ☐ No

- If yes, as a union member, do you normally get your next job by contacting the union referral or hiring hall to have the union put you to work with another "union-shop" employer? ☐ Yes ☐ No

Provide the length of time (to the nearest year with a maximum of 99) you have worked in your primary occupational field (if six months or more, show one year, if less than six months, show 0). _____

Fax (both front and back) or mail this form to the address below. Submit this application **only once** using either the mail or fax.

Fax: 573-751-9730

Mail: Division of Employment Security
P.O. Box 3915
Jefferson City, MO 65102-3915

Signature

Date

****Return this form with your Weekly TRA Certification
(TRA 22) form for the week ending 11-14-09.****

**If you currently are in approved training, you will receive weekly claim forms
in the mail once your application is processed.**

APPLICATION FOR ADDITIONAL EMERGENCY UNEMPLOYMENT COMPENSATION (EUC)

Provide all information requested. Failure to provide complete information will result in a delay in processing your claim. Do not complete this application if you were successful in submitting your request online.

Have you worked for any employer since the last week you filed a claim for unemployment insurance (UI) benefits? ☐ Yes ☐ No

If your mailing address has changed, provide your new address:

Mailing Address _____

City _____ State _____ ZIP _____ County of Residence _____

Are you a citizen or national of the United States? ☐ Yes ☐ No

Birth Date (Month/Day/Year) _____ Phone Number (_____) _____
(Including Area Code)

During the past 18 months have you:

Worked for the federal government? ☐ Yes ☐ No

Performed any active military service? ☐ Yes ☐ No

Worked in any other state? ☐ Yes ☐ No If yes, list state(s) _____

Filed a claim for UI benefits against another state? ☐ Yes ☐ No If yes, name of state _____

Provide information on your most recent employment, even if it was temporary or part-time work:

Name of most recent employer: _____

Mailing address of most recent employer: _____

City _____ State _____ ZIP _____ Date of last day worked _____

OVER

MODES-4618 (11-09)
U.I.Prg.

What was the reason for separation from this employer?

☐ Lack of Work

☐ Quit

☐ Discharge

☐ Suspended from a job

☐ Labor Dispute – Strike/Lockout

☐ Leave of Absence

Do you have a definite date to return to work for your last employer within 8 weeks of your last date worked? ☐ Yes ☐ No If yes, return date _____

Did you perform any work during the current week between Sunday and Saturday? ☐ Yes ☐ No

- If yes, enter your total gross earnings (before any deductions) for the work performed \$ _____

Earnings must be reported during the week in which they were earned, regardless of when the employer pays you.

Are you receiving holiday pay for this week or any future weeks? ☐ Yes ☐ No

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Beginning Date _____ Ending Date _____

- If yes, enter the amount of your gross weekly pay, before any deductions \$ _____

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- If yes, has the amount changed since your last week claimed? ☐ Yes ☐ No

Would you like to have information mailed to you concerning starting or stopping the withholding of federal income tax from your weekly UI benefits? ☐ Yes ☐ No

Are you a member of a union? ☐ Yes ☐ No

- If yes, as a union member, do you normally get your next job by contacting the union referral or hiring hall to have the union put you to work with another "union-shop" employer? ☐ Yes ☐ No

Provide the length of time (to the nearest year with a maximum of 99) you have worked in your primary occupational field (if six months or more, show one year, if less than six months, show 0). _____

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Fax: 573-751-9730

Mail: Division of Employment Security
P.O. Box 3915
Jefferson City, MO 65102-3915

Signature

Date